

REPORT TO Barnsley Health and Wellbeing Board

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Stronger Barnsley Together and Pioneer – Revision of scope and structure. Including interim system developments update

Report Sponsor: Rachel Dickenson, Martin Farran,
Lesley Smith, Julia Burrows
Report Author: Dan Carver
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1. Purpose of Report

1.1 To seek endorsement for the closure of the portfolio structure represented by 'Stronger Barnsley Together'

1.2 To seek endorsement for changes of scope and governance in relation to Barnsley's 'Integration Pioneer' arrangements

1.3 To provide a brief update relating to emerging structure and related system developments.

2. Recommendations

The Board are asked to:

- Note report content
- Acknowledge and ratify the effective cessation of Stronger Barnsley Together portfolio arrangements
- Endorse the revised scope of Barnsley's approach to Integration Pioneer status. Specifically, that it should no longer be exclusively aligned with the Stronger Barnsley Together structures. Instead, incorporating key integration activity across the system.

3. Introduction/ Background

3.1 Stronger Barnsley Together (SBT) was developed in 2013 to provide a framework for effective integrated working locally; providing the working title of Barnsley's expression of interest for integration Pioneer status.

3.2 'Stronger Barnsley Together' flows from the wider Health and Wellbeing Board vision and seeks to achieve a step change and strategic shift from the traditional approach to health and social care. This includes greater focus on prevention, personalisation and early intervention; allowing the limited resources across a joint health and social care system to be focussed on those with greatest need.

3.3 The SBT portfolio consisted of three joint programme boards - Ageing Well, Promoting Independence and Think Family.

3.4 SBT has been viewed as synonymous with Barnsley's approach to 'Pioneer'. However, more recently it has been recognised that the projects and activities set out within the formal portfolio structure may not be the most effective representation of Pioneer-relevant delivery. Furthermore, it has been acknowledged that in a practical sense this relationship has inadvertently limited the scope and relevance of Barnsley's integration Pioneer status.

3.5 A range of factors have culminated to promote an environment whereby the continuation of existing arrangements is no longer viable. The current paper provides an overview of relevant developments, although it should be recognised that the landscape remains in flux and potentially subject to further change and development.

4. Overview of system developments affecting and influencing SBT and Pioneer.

4.1 The approach to Pioneer nationally has developed since its inception. Following learning from the first year of delivery and the transition of management arrangements to NHS England's New Models of Care team, there is improved clarity around what is expected of individual pioneer sites as well as the approach and levels of engagement. In this context it is recognised that the activities set out under the SBT arrangements are unlikely best demonstrate the integration-orientated work being progressed across within Barnsley.

4.2 In response to NHS England's requirement for further clarity about Pioneer intentions and delivery content, several changes to the current approach have been agreed by senior stakeholders. The outcome of a number of SSDG discussions and a dedicated meeting of senior stakeholders have agreed the following:

- SBT currently has limited relevance as the delivery mechanism for Pioneer.
- The Health and Wellbeing Strategy remains relevant and that it accurately sets out our collective aspiration when considering Pioneer and integration more generally.
- Relevant activity from across the system needs to be represented and acknowledged in the context of Pioneer. Initial discussions have identified a number of potentially relevant work areas. See Table 1.
- Additionally, a number of themes have been identified which may add value across the system. Including: Evaluation, Information Governance, Workforce development and system leadership. The approach is in keeping with Barnsley's identified priorities within the Barnsley' Better Care Fund (BCF)

- There is agreement that any revised scope should, as a minimum, represent activities set out under.
- Pioneer does not constitute a separate programme of work and should not be seen as the responsibility of an individual. Going forward it is desirable that leads for individual pieces of work engage more effectively with the national programme; capitalising on the context-specific opportunities and benefits that exist.
- A central coordinating function will remain relevant in the context of oversight, communication, improved stakeholder engagement and links with the National Pioneer team.
- Projects and activities recognised in the context of 'Pioneer' going forward will be entirely dependent on their own governance and decision making arrangements.
- It is recognised that Barnsley's focus on communities and the aspiration to change, fundamentally, the way communities, individuals and families engage with the formal system represents a USP. The concept of 'inverting the triangle' therefore requires emphasising going forward.
- It has been proposed, although not requiring a defined governance structure, that oversight and system ownership for Pioneer should be represented through SSDG and the Health and Well Being Board. With respect to SSDG the proposed relationship reflects emerging approaches to developing 'robust networks', rather than being hierarchical. The approach is likely to be adopted across SSDG for a range of strategically significant work areas.

Table 1

Universal advice and information (UIA)	Improving information, advice and signposting across health and social care (though 'Connect to Barnsley' and 'Connect to Support'), care navigation and telehealth to promote greater independence and self-care. Initial strategy to be produced 2015.
Health Intelligence Group	To provide effective and timely dissemination of data, information, research and strategic intelligence to support evidence based decision making and resource allocation. Primarily linked to the Clinical Transformation Board, but with potential system wide implications.
Bed utilisation review and action plan/Seven Day working	Providing a detailed understanding of acute bed admission and utilisation. The work provides a basis for system developments that impact on preventing admissions and reducing duration of bed occupancy through the provision of services and care closer to home.

Early interventions and Prevention	The established and emerging community-based delivery structures are focused on the effective utilisation of community assets and social capital. Inverting the Triangle was a cornerstone of Barnsley's original Pioneer application; the approach remains strategically important.
Think Family	Robust integrated partnership approach with relevance for wider integrated delivery structures
Intermediate Care	Review and re-procurement of a single integrated service based on a revised specification with an increased focus on preventing hospital admissions
Be Well Barnsley	An integrated and holistic 'Wellbeing for Life' approach, designed by Public Health, covering social determinants of health such as poverty, poor housing and social care needs, through community focused preventative services/peer models
New Models of Care Multi-disciplinary Community Provider (MCP)	Development, under the flexibilities enabled via the New Models of Care / FYFV, of a Multispeciality Community Provider encompassing the GP Federation, BHNFT, SWYPFT and Social Care to become the contracting vehicle for delivery of the diabetes and respiratory pathways in an integrated, out of hospital setting
Assessment & Care Management	New Target Operating Model which is fundamentally revising the way assessment and care management services are provided to focus more on early intervention and prevention, self-help, and targeted reablement
Community Nursing Review (encompassing virtual ward)	A review and re-specification of the deployment of SWYPFT Community Nursing resources in Barnsley (supersedes the Virtual Ward, a proactive case management approach to supporting people at the highest risk of admission/readmission to hospital with intensive multi-disciplinary care and care coordination within their home environment).
Integrated personal commissioning (IPC).	IPC is a new approach to joining up health and social care for people with complex needs. This proposal makes a triple offer to service users, local commissioners and the voluntary sector to bring health and social care spend together at the level of the individual.

Holistic patient care/	Involves establishing an information hub to allow interconnectivity between the information systems in the acute hospital and in adult social care - covering home care, telecare and reablement. (Barnsley Hospital NHS Foundation Trust received £125k through Tech Fund 2 for the development of an IDCR)
Medical Interoperability Gateway	Portal for electronically sharing real time, read only extract from GP record with healthcare providers working in other settings
Right Care Barnsley	Care coordination centre - a single 'front-door' to support medical patients aged 18 and over who are at risk of a hospital admission and those who need support to return home after discharge from an acute setting - thus avoiding emergency admissions

4.3 The component programmes within the SBT portfolio arrangements have undergone significant change and revision in recent months. Notably, Ageing Well has ceased operating, with relevant ongoing activities being incorporated within the emerging Clinical Transformation Board within the Clinical Commissioning Group (CCG) (See 4.5). In relation to 'Promoting Independence', the Promoting Independence board has proposed to step-down current arrangements in lieu of forthcoming structural changes within the BMBC's Communities Directorate. It is expected that the key principles associated with Promoting Independence, as well as specific work streams, will be embedded within these emerging structures. Additionally, under the auspices of structural changes associated with 'The Future Council' and the developing Communities structure, it is expected that the current approach to 'Think Family' will undergo a period of review likely to result in a revised approach to delivery. It is recognised that the current status of the individual programmes will not provide a sufficiently robust framework for the effective delivery of Pioneer

4.4 System leadership support has been provided as part of the Pioneer Programme. One aspect of the intervention has focussed on reviewing and refreshing the purpose and function of SSDG. Although this work has not concluded and the final approach is yet to be ratified there is some consensus that the function of SSDG will primarily be focussed on inter-organisation system oversight; providing space and time to more effectively 'join the dots' within the overall system. It is recognised, when contrasted with the previous approach, that there will be significantly less focus on operational aspects and direct performance management e.g. progressing the Better Care fund submission. There are a number of emerging structures, such as the Systems Resilience Group, that benefit from full-system representation; they are well placed to facilitate some aspects of the work previously dealt with through SSDG.

4.5 Barnsley CCG, following a review of its programme boards and associated governance structures, has recently aligned its delivery capability under a single Clinical Transformation Board (CTB). The Clinical Transformation Board will allow the CCG to direct service development resource to key projects that will bring care closer to home and facilitate the achievement of CCG objectives. A Project Management approach that uses exception-based reporting will ensure focus is applied to areas of need. The Clinical Transformation Board will prioritise the commissioning and development work of the CCG to ensure interdependent projects are linked and have the required level of clinical evidence to be implemented. It should be noted that the CTB replaces existing programme board structures, including the Joint programme board Aging Well.

4.6 A number of functions, previously included under arrangements associated with SSDG can be seen to have transferred to the 'Systems Resilience Group' (SRG). SRG is a statutory required forum concerned with strategic leadership, performance and assurance oversight to ensure system wide operational resilience; this will include urgent, elective and wider resilience planning in the delivery of health and care services for the people of Barnsley.

SRG is a multi-agency forum with system-wide representation. It will be the forum where all partners across the health and care system come together to undertake regular planning of service delivery. The group should plan for the capacity required to ensure delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which provide good value for tax payers.

5. Conclusions

5.1 The health and care landscape, related partnerships and system infrastructure has changed significantly since the inception of SBT. It is essential that Barnsley's Integration Pioneer status reflect the current reality.

5.2 The effective cessation of the component programmes within SBT mean that it no longer provides a viable structure for the delivery of Barnsley's integration Pioneer.

5.3 To avoid confusion it is desirable that the formal SBT portfolio arrangements are closed down.

5.4 In Partnership with NHS England there is a requirement to refresh Barnsley's approach to Pioneer; ensuring that stakeholders representing activity from across the system are able to benefit and contribute effectively.

5.5 The Health and Well-being strategy remains the overall strategic framework for any work progressed in the context of Pioneer. Principle ownership and oversight of Pioneer, including identified SROs will be sought through SSDG. The approach is

consistent with wider system developments and the emerging role of the Senior Stakeholders Group.

6. Financial Implications

[There are no additional financial requirements foreseen]

Officer: Dan Carver

Contact: dancarver@nhs.net

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